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CONFERENCE  
OF LOCAL  
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The Honorable Don Perata  
President pro Tempore of the Senate  
Capitol Building #205  
Sacramento, CA 95814

The Honorable Fabian Nunez  
Speaker of the Assembly  
Capitol Building #219  
Sacramento, CA 95814

Dear Senator Perata and Assemblymember Nunez:

The California Conference for Local Health Officers (CCLHO), which is comprised of the legally appointed Health Officers from California's 58 counties and three cities of Berkeley, Long Beach and Pasadena, applauds current efforts to make affordable health care access available for all Californians. Enacting health care reform presents an opportunity not only to expand access to care but also to expand prevention and improve the quality, efficiency, and safety of medical care, particularly for those with chronic diseases. Attention to these issues can contribute to cost containment and improved outcomes for patients and our communities.

In 2001, more than three fourths of health care spending nationwide was on behalf of those with one or more chronic conditions. In California, 7 percent of adults have been diagnosed with diabetes, with numbers much higher for African Americans and Latinos (California Health Interview Survey). The fee-for-service cost to Medi-Cal alone for diabetes is \$537 million (California Health Care foundation, MedStat Analysis of Medi-Cal MES/DSS data updated September 2005). Obesity contributes to the incidence and impact of many chronic diseases.

It is urgent to **integrate prevention--of obesity and other chronic illness--into any health care reform initiative.** The remarkably successful tobacco control model in California demonstrates the power of providing resources to local health departments to work with their communities, school districts, and local businesses supported by statewide efforts of media advocacy and public education. Local health departments know their local communities and have the skills and experience to build effective obesity and chronic illness prevention programs. **CCLHO urges you to earmark funds for local health departments to coordinate community based obesity prevention efforts.**

Health care reform should incorporate measures to **support primary care medical homes for patients, particularly those with chronic diseases.** A medical home can provide a comprehensive approach to care, allowing patients to develop relationships with their providers and coordinate preventive and ongoing health services. Medical homes reduce spending on emergency or other acute care and improve clinical outcomes. Health care reform should consider mechanisms for fostering long term relationships between patients with chronic diseases and primary care medical providers.

CCLHO recommends that health care reform **include provisions for funding of the Chronic Care Model (CCM), a clinically-proven, outpatient care delivery method using evidence-based guidelines, clinical information, patient self management and team-based care to reduce acute episodes, and create service efficiencies for patients with chronic diseases** ("Diabetes Care." 29 APR 2006 [4]811-7. <[www.improvingchroniccare.org](http://www.improvingchroniccare.org)>.) To sustain the CCM, reimbursement for services such as health education, nutrition and patient care coordination should be included in the benefit structure to support team-based care and optimize effective self management by those with chronic diseases. **Electronic disease registries should be funded** to enable clinicians and care managers to effectively monitor patients' health conditions and identify necessary interventions both for the individual and for the entire group of patients under their care. Rather than requiring licensed personnel to perform these trainable functions, reimbursement of such services should be based on a health center's or medical group's use of established, evidence-based protocols.

Health reform should support expanded tobacco cessation services and require that participating **insurers include tobacco cessation, and other substance abuse treatment, as core benefits**. The cost effectiveness of substance abuse treatment over a relatively short term has been demonstrated by experience in the Kaiser system.

CCLHO suggests that health care reform include investment in **health information technology**. Investment in local efforts is warranted to test and develop **health information exchange, electronic prescribing, chronic disease registries and hospital-based programs to reduce errors** in order to determine best practices which could be adopted more widely to improve health care delivery. Appropriate **public health electronic access to health data must be assured**. Currently state and federal regulations allow public health access to clinical data, although hospitals, insurers and provider networks generally do not allow electronic access, instead relying on phone and fax. As a result, public health is hampered in day to day management of infectious diseases of importance to the community. Furthermore, immediate electronic access to appropriate patient care data would be vital in an outbreak, pandemic or bioterrorism incident, in which hospital staff would most likely be overwhelmed and unavailable to fax or phone vital information to public health.

In summary, our recommendations are:

1. **Integrate prevention efforts into health care reform, including earmarking funds for local health departments to coordinate community based obesity prevention efforts.**
2. **Include provisions to support primary care medical homes for patients that adopt the CCM or integrated service delivery and supports for self management. (Also supported by the California Primary Care Association [CPCA].)**
3. **Establish treatment for tobacco cessation and other substance abuse treatment as core benefits. (Also supported by the California Society for Addiction Medicine.)**
4. **Invest in local efforts to test and develop health information exchange, electronic prescribing, chronic disease registries, and hospital-based programs to reduce errors to establish best practices for wide adoption. (Also supported by CPCA.)**
5. **Insure public health be granted electronic access to appropriate health data.**

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CCLHO would welcome the opportunity to speak further with you about these recommendations as you forge ahead on health care reform efforts.

Sincerely,

*(Original signed by:)*

Glennah Trochet, MD  
President, CCLHO

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